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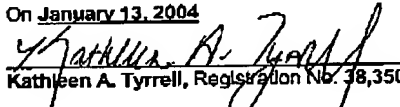
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0142
Inventors: Macina et al.
Serial No.: 09/802,674
Filing Date: March 9, 2001
Examiner: Harris, Alana M.
Group Art Unit: 1642
Title: Method of Diagnosing, Monitoring,
Staging, Imaging and Treating
Gastrointestinal Cancer

Certificate of Facsimile Transmission

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On January 13, 2004


Kathleen A. Tyrrell, Registration No. 38,350

Assistant Commissioner for Patents
Washington, D.C. 20231

Reply under 37 C.F.R. 1.111

This is a reply to the Office Action mailed October 14, 2003
setting a three (3) month statutory period for response. Please
enter the following remarks and amendments into the record.

Amendments to the claims are reflected in the listing of
claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.

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Licata & Tyrrell P.C.

66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

January 13, 2004

TO: Examiner Harris (TC1600)

GROUP: 1642

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: DEX-0142

SERIAL NO.: 09/802,674

FILED: March 9, 2001

NUMBER OF PAGES: 8

MESSAGE: Attached please find Amendment Transmittal Letter, Reply under 37 C.F.R.
1.111 mailed October 14, 2003, and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

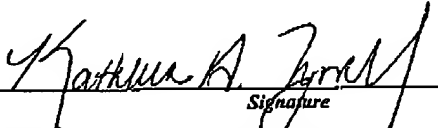
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0142	
Applicant(s): Macina et al.					
Serial No. 09/802,674	Filing Date March 9, 2001	Examiner Harris, Alana M.		Group Art Unit 1642	
Invention: Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gastrointestinal Cancer					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: January 13, 2004		
Kathleen A. Tyrrell, Registration NO. 38,350					
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					